

SECRET

17 SEP 69

SECTION I REQUEST FOR CHANGE OR ISSUANCE OF HOSPITALIZATION IDENTIFICATION CARD			
NAME OF EMPLOYEE (Last-first-middle)			DATE OF BIRTH (mo-da-yr)
TYPE OF CARD REQUESTED <input type="checkbox"/> GEHA <input type="checkbox"/> NACS <input type="checkbox"/> AGE <input type="checkbox"/> NONE	CARD FOR USE BY <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH	TYPE OF CARD NOW HELD <input type="checkbox"/> GEHA <input type="checkbox"/> NACS <input type="checkbox"/> AGE <input type="checkbox"/> NONE	DISPOSITION OF CARD NOW HELD <input type="checkbox"/> DIV. WILL RETAIN <input type="checkbox"/> TO BE DESTROYED
REASON FOR CHANGE <input type="checkbox"/> BEING PLACED UNDER COVER <input type="checkbox"/> BEING REMOVED FROM COVER <input type="checkbox"/> CHANGING COVER <input type="checkbox"/> ON CONSTANT DOMESTIC TDY TRAVEL <input type="checkbox"/> OTHER (Specify):			DATE OF CHANGE
DATE OF REQUEST	SIGNATURE OF REQUESTING OFFICIAL	OFFICE	EXTENSION
SECTION II CENTRAL COVER STAFF CONCURRENCE			
<input type="checkbox"/> CONCLUR. NO COVER OBJECTION. <input type="checkbox"/> DISAPPROVED. INCOMPATIBLE WITH COVER STATUS.			
DATE	SIGNATURE OF CENTRAL COVER STAFF REPRESENTATIVE		
SECTION III INSURANCE BRANCH CONCURRENCE			
<input type="checkbox"/> APPROVED. HOSPITALIZATION CARD ATTACHED. <input type="checkbox"/> DISAPPROVED.			
REASON FOR DISAPPROVAL <input type="checkbox"/> EMPLOYEE NOT ENROLLED <input type="checkbox"/> EMPLOYEE HAS HOSPITALIZATION FOR SELF ONLY <input type="checkbox"/> NO RECORD <input type="checkbox"/> OTHER (Specify):			
SECTION IV ACKNOWLEDGMENT OF CARD			
DATE	SIGNATURE OF EMPLOYEE		

DECLASSIFIED AND RELEASED BY
 CENTRAL INTELLIGENCE AGENCY
 SOURCE/METHOD EXEMPTION 3B2B
 NAZI WAR CRIMES DISCLOSURE ACT
 DATE 2008

FORM 9-66 2688

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC
DOWNGRADING AND
DECLASSIFICATION

4 - ORIGINATOR'S COPY

SECRET

SECTION I REQUEST FOR CHANGE OR ISSUANCE OF HOSPITALIZATION IDENTIFICATION CARD			
NAME OF EMPLOYEE (Last-first-middle)			DATE OF BIRTH (mo-da-yr)
GIORDANO, Mario E.			Sept. 15, 1904
TYPE OF CARD REQUESTED	CARD FOR USE BY	TYPE OF CARD NOW HELD	DISPOSITION OF CARD NOW HELD
<input type="checkbox"/> GEHA <input type="checkbox"/> NACS <input checked="" type="checkbox"/> AGE <input type="checkbox"/> NONE	<input checked="" type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH	<input type="checkbox"/> GEHA <input type="checkbox"/> NACS <input type="checkbox"/> AGE <input checked="" type="checkbox"/> NONE	<input type="checkbox"/> DIV. WILL RETAIN <input type="checkbox"/> TO BE DESTROYED
REASON FOR CHANGE <input type="checkbox"/> BEING PLACED UNDER COVER <input type="checkbox"/> BEING REMOVED FROM COVER <input type="checkbox"/> CHANGING COVER <input type="checkbox"/> ON CONSTANT DOMESTIC TDY TRAVEL <input type="checkbox"/> OTHER (Specify):			DATE OF CHANGE
DATE OF REQUEST	SIGNATURE OF REQUESTING OFFICIAL	OFFICE	EXTENSION
	SR/Support Staff	SE/O/PT	6587
SECTION II CENTRAL COVER STAFF CONCURRENCE			
<input type="checkbox"/> CONCUR. NO COVER OBJECTION. <input type="checkbox"/> DISAPPROVED. INCOMPATIBLE WITH COVER STATUS.			
DATE	SIGNATURE OF CENTRAL COVER STAFF REPRESENTATIVE		
SECTION III INSURANCE BRANCH CONCURRENCE			
<input type="checkbox"/> APPROVED. HOSPITALIZATION CARD ATTACHED. <input type="checkbox"/> DISAPPROVED.			
REASON FOR DISAPPROVAL <input type="checkbox"/> EMPLOYEE NOT ENROLLED <input type="checkbox"/> EMPLOYEE HAS HOSPITALIZATION FOR SELF ONLY <input type="checkbox"/> NO RECORD <input type="checkbox"/> OTHER (Specify):			
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FORM 2688
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